

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**Tahir Yaqub, M.D. )**

**Case No. 800-2017-036209**

**Physician's and Surgeon's )  
Certificate No. A 96088 )**

**Respondent )**  
\_\_\_\_\_ )

**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on June 7, 2019 .**

**IT IS SO ORDERED May 8, 2019 .**

**MEDICAL BOARD OF CALIFORNIA**

By:   
**Kristina D. Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 MICHAEL C. BRUMMEL  
Deputy Attorney General  
4 State Bar No. 236116  
California Department of Justice  
5 2550 Mariposa Mall, Room 5090  
Fresno, CA 93721  
6 Telephone: (559) 705-2307  
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7 E-mail: [Michael.Brummel@doj.ca.gov](mailto:Michael.Brummel@doj.ca.gov)

8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13  
14 In the Matter of the Accusation Against:

Case No. 800-2017-036209

15 **TAHIR YAQUB, M.D.**  
16 **1775 Third Street**  
**Atwater, CA 95301**

OAH No. 2019011026

17 **Physician's and Surgeon's Certificate**  
18 **No. A 96088**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19 Respondent.

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24 of California (Board). She brought this action solely in her official capacity and is represented in  
25 this matter by Xavier Becerra, Attorney General of the State of California, by Michael C.  
26 Brummel, Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2017-036209 and that he has thereby subjected his license to disciplinary action.

5 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
6 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
7 Disciplinary Order below.

8 CONTINGENCY

9 11. This stipulation shall be subject to approval by the Medical Board of California.  
10 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
11 Board of California may communicate directly with the Board regarding this stipulation and  
12 settlement, without notice to or participation by Respondent or his counsel. By signing the  
13 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
14 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
15 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
16 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
17 action between the parties, and the Board shall not be disqualified from further action by having  
18 considered this matter.

19 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
20 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
21 signatures thereto, shall have the same force and effect as the originals.

22 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
23 the Board may, without further notice or formal proceeding, issue and enter the following  
24 Disciplinary Order:

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1           **C.   MEDICAL RECORD KEEPING COURSE.**

2           Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
3           course in medical record keeping approved in advance by the Board or its designee. Respondent  
4           shall provide the approved course provider with any information and documents that the approved  
5           course provider may deem pertinent. Respondent shall participate in and successfully complete  
6           the classroom component of the course not later than six (6) months after Respondent's initial  
7           enrollment. Respondent shall successfully complete any other component of the course within  
8           one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense  
9           and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
10          licensure.

11          A medical record keeping course taken after the acts that gave rise to the charges in the  
12          Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
13          or its designee, be accepted towards the fulfillment of this condition if the course would have  
14          been approved by the Board or its designee had the course been taken after the effective date of  
15          this Decision.

16          Respondent shall submit a certification of successful completion to the Board or its  
17          designee not later than 15 calendar days after successfully completing the course, or not later than  
18          15 calendar days after the effective date of the Decision, whichever is later.

19           **D.   FAILURE TO COMPLY**

20          Any failure by Respondent to comply with the terms and conditions of the Disciplinary  
21          Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary  
22          action.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, George L. Strasser, Esq.. I understand the stipulation and the effect  
4 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
5 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: March 14, 2019

  
TAHIR YAQUB, M.D.  
Respondent

10 I have read and fully discussed with Respondent Tahir Yaqub, M.D. the terms and  
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
12 I approve its form and content.

13 DATED: 3/15/2019

  
GEORGE L. STRASSER, ESQ.  
Attorney for Respondent

16 ENDORSEMENT

17 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
18 submitted for consideration by the Medical Board of California.

19  
20 Dated:

Respectfully submitted,

21 XAVIER BECERRA  
22 Attorney General of California  
23 STEVE DIEHL  
24 Supervising Deputy Attorney General

25 MICHAEL C. BRUMMEL  
26 Deputy Attorney General  
27 Attorneys for Complainant

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, George L. Strasser, Esq.. I understand the stipulation and the effect  
4 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
5 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: \_\_\_\_\_

9 TAHIR YAQUB, M.D.  
10 *Respondent*

11 I have read and fully discussed with Respondent Tahir Yaqub, M.D. the terms and  
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
13 I approve its form and content.

14 DATED: \_\_\_\_\_

15 GEORGE L. STRASSER, ESQ.  
16 *Attorney for Respondent*

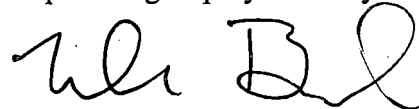
17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
19 submitted for consideration by the Medical Board of California.

20 Dated: 3/15/2019

Respectfully submitted,

21 XAVIER BECERRA  
22 Attorney General of California  
23 STEVE DIEHL  
24 Supervising Deputy Attorney General

25 

26 MICHAEL C. BRUMMEL  
27 Deputy Attorney General  
28 *Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2017-036209**

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 MICHAEL C. BRUMMEL  
Deputy Attorney General  
4 State Bar No. 236116  
Department of Justice  
5 2550 Mariposa Mall, Room 5090  
Fresno, CA 93721  
6 Telephone: (559) 705-2307  
Facsimile: (559) 445-5106  
7 E-mail: Michael.Brummel@doj.ca.gov

8 *Attorneys for Complainant*

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
12 DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-036209

14 Tahir Yaqub, M.D.  
1775 Third Street  
15 Atwater, CA 95301

ACCUSATION

16 Physician's and Surgeon's Certificate  
17 No. A 96088,

Respondent.

19 Complainant alleges:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
23 Affairs (Board).

24 2. On or about June 21, 2006, the Medical Board issued Physician's and Surgeon's  
25 License No. A 96088 to Tahir Yaqub, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on December 31, 2019, unless renewed.

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1       “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
2 violation of, or conspiring to violate any provision of this chapter.

3       “(b) Gross negligence.

4       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
6 the applicable standard of care shall constitute repeated negligent acts.

7       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
8 that negligent diagnosis of the patient shall constitute a single negligent act.

9       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
12 applicable standard of care, each departure constitutes a separate and distinct breach of the  
13 standard of care.

14       “...”

15       6.     Section 2266 of the Code states:

16       “The failure of a physician and surgeon to maintain adequate and accurate records relating to  
17 the provision of services to their patients constitutes unprofessional conduct.”

18                               **FIRST CAUSE FOR DISCIPLINE**

19                               **(Repeated Negligent Acts)**

20       7.     Respondent has subjected his Physician's and Surgeon's License No. A 96088 to  
21 disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in  
22 that he committed repeated negligent acts in the care and treatment of Patient A, as more  
23 particularly alleged hereafter:

24                               **PATIENT A<sup>1</sup>**

25       8.     On or about June 27, 2011, Patient A presented to Respondent for treatment for the  
26 first time. Patient A had previously received treatment from another physician at Respondent's

27       \_\_\_\_\_  
28       <sup>1</sup> To protect the privacy of patients, individual names are not identified in this Accusation.

1 practice since 2008. Patient A was receiving treatment for a number of medical conditions  
2 including lower back pain, osteoarthritis, bilateral knee and hip pain, depression, peripheral  
3 neuropathy, fibromyalgia, rheumatoid arthritis, osteoporosis, asthma, vitamin D deficiency, and  
4 gastritis. Respondent typically documented a very brief encounter with Patient A that included  
5 minimal handwritten notes, no documented physical examination or treatment plan. Respondent  
6 documented providing informed consent to Patient A relating to the use of controlled substances  
7 and required her to sign a controlled substances agreement. Respondent prescribed controlled  
8 substances to Patient A at almost every patient encounter. While Patient A was receiving  
9 treatment from Respondent, a number of other health care providers also prescribed her controlled  
10 substances.

11 2011

12 9. On or about July 10, 2011, Patient A sought treatment from Respondent for her  
13 continued back pain. Respondent did not document any information at all related to a review of  
14 systems, physical examination or history of Patient A's back pain.

15 10. On or about August 23, 2011, Patient A sought treatment from Respondent for her  
16 continued back pain. Respondent previously referred Patient A to a pain management clinic for  
17 evaluation. The medical records contain a handwritten note indicating that Patient A was failing to  
18 set up an appointment with the pain management clinic.

19 11. On or about October 11, 2011, Patient A signed a pain contract with Respondent. Per  
20 the terms of the contract, Patient A agreed that she would not seek early refills, and that she would  
21 not obtain controlled substances from any other doctors. Patient A was required to "bring pain  
22 medications to every office visit..."

23 12. On or about October 18, 2011, Patient A returned to Respondent reporting that she  
24 had recently passed out when getting up from a toilet seat. Patient A explained that she had  
25 injured both of her legs and was treated at the hospital for a possible fracture to her right femur.  
26 Respondent admitted to investigators that Patient A, an elderly patient passing out at home, was a  
27 red flag for possible opiate abuse.

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13. On or about November 29, 2011, Patient A returned to Respondent for treatment of her pain. Respondent wrote in the medical records that she was non-compliant because she did not bring her medications to the visit. Respondent told investigators from the Board that he believes that someone else brought the bottles to the office later on behalf of Patient A, although it is not documented in the medical records. Despite the note that Patient A was non-compliant and in violation of the pain contract, Respondent provided her with refills for her controlled substances.

14. Respondent provided treatment to Patient A approximately 9 times in 2011. According to the CURES report for Patient A, during the period of on or about July 1, 2011, through on or about December 2, 2011, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
7/1/2011	METHADONE HCL	10 MG	168	RESPONDENT
7/5/2011	ZOLPIDEM TARTRATE	10 MG	30	M.C., M.D.
7/12/2011	METHADONE HCL	10 MG	126	RESPONDENT
7/14/2011	DIAZEPAM	5 MG	90	N.C., M.D.
7/19/2011	TEMAZEPAM	15 MG	30	M.C., M.D.
7/21/2011	METHADONE HCL	10 MG	270	RESPONDENT
8/3/2011	TEMAZEPAM	30 MG	5	M.C., M.D.
8/16/2011	DIAZEPAM	5 MG	90	N.C., M.D.
8/23/2011	METHADONE HCL	10 MG	240	RESPONDENT
9/6/2011	TEMAZEPAM	30 MG	30	M.C., M.D.
9/6/2011	CLONAZEPAM	.5 MG	60	M.C., M.D.
9/21/2011	METHADONE HCL	10 MG	240	RESPONDENT
10/3/2011	DIAZEPAM	5 MG	90	W.C., M.D.
10/5/2011	ALPRAZOLAM	1 MG	60	M.C., M.D.
10/26/2011	HYDROCODONE BITARTRATE ACETAMINOPHEN	750 MG / 7.5 MG	10	W.R., M.D.
10/27/2011	HYDROCODONE BITARTRATE ACETAMINOPHEN	325 MG / 10 MG	40	S.T., M.D.
11/3/2011	METHADONE HCL	10 MG	240	RESPONDENT
11/3/2011	METHADONE HCL	10 MG	90	RESPONDENT
11/30/2011	METHADONE HCL	10 MG	240	RESPONDENT
12/1/2011	HYDROCODONE BITARTRATE ACETAMINOPHEN	325 MG / 10 MG	40	S.T., M.D.
12/2/2011	METHADONE HCL	10 MG	30	RESPONDENT

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**2012**

15. On or about January 24, 2012, Patient A presented to Respondent complaining of pain from a fall approximately one week earlier.

16. On or about February 22, 2012, Patient A returned to Respondent seeking early refills of controlled substances in violation of the pain contract.

17. On or about March 20, 2012, Patient A returned to Respondent seeking early refills of controlled substances in violation of the pain contract.

18. Respondent provided treatment to Patient A approximately 7 times in 2012. According to the CURES report for Patient A, during the period of on or about January 5, 2012, through on or about April 11, 2012, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Drug Strength	Qty	Prescriber Name
1/5/2012	DIAZEPAM	5 MG	60	RESPONDENT
1/5/2012	METHADONE HCL	10 MG	240	RESPONDENT
1/5/2012	METHADONE HCL	10 MG	30	RESPONDENT
1/16/2012	HYDROCODONE BITARTRATE ACETAMINOPHEN	325 MG / 10 MG	30	S.T., M.D.
1/30/2012	DIAZEPAM	5 MG	30	RESPONDENT
1/30/2012	METHADONE HCL	10 MG	240	RESPONDENT
1/30/2012	METHADONE HCL	10 MG	30	RESPONDENT
1/31/2012	HYDROCODONE BITARTRATE ACETAMINOPHEN	325 MG / 10 MG	30	S.T., M.D.
2/22/2012	METHADONE HCL	10 MG	30	RESPONDENT
2/23/2012	ALPRAZOLAM	1 MG	30	M.C., M.D.
2/25/2012	DIAZEPAM	5 MG	30	RESPONDENT
2/25/2012	METHADONE HCL	10 MG	240	RESPONDENT
3/20/2012	METHADONE HCL	10 MG	30	RESPONDENT
3/21/2012	DIAZEPAM	5 MG	30	RESPONDENT
3/21/2012	METHADONE HCL	10 MG	240	RESPONDENT
4/9/2012	METHADONE HCL	10 MG	30	RESPONDENT
4/10/2012	CLONAZEPAM	1 MG	30	M.C., M.D.
4/10/2012	ALPRAZOLAM	1 MG	30	M.C., M.D.
4/11/2012	DIAZEPAM	5 MG	30	RESPONDENT
4/11/2012	METHADONE HCL	10 MG	240	RESPONDENT

1        19. Respondent failed to document an adequate history and physical for Patient A.  
2 Respondent documented that Patient A's history included drug and alcohol use, but failed to  
3 document any supporting information regarding the nature, duration, frequency, or prior  
4 treatments, if any. Respondent did not document the etiology, location, radiation, or intensity of  
5 Patient A's pain. Respondent did not document any factors that aggravated or relieved Patient A's  
6 pain, or the impact of the pain on her quality of life. Respondent did not document any specific  
7 concerns about the large amounts of controlled substances prescribed to Patient A. Respondent  
8 did not document any concern regarding Patient A's violation of her pain contract by obtaining  
9 controlled substances from other health care professionals and seeking early refills. Respondent  
10 failed to document a musculoskeletal examination or a focused examination of Patient A's lumbar  
11 spine.

12        20. Respondent failed to document an adequate treatment plan for Patient A, despite more  
13 than 10 months of treating Patient A and prescribing controlled substances. Respondent did not  
14 document any objectives for the treatment of Patient A. Respondent did not pursue any diagnostic  
15 evaluations or refer Patient A to rehabilitation or physical therapy for her pain. Respondent failed  
16 to document attempts to obtain and review prior treatment records including prior diagnostic  
17 studies related to Patient A's pain.

18        21. Respondent failed to document a periodic review of Patient A's pain management  
19 during the time he was prescribing controlled substances. Respondent failed to review and/or  
20 document review of the CURES reports related to Patient A. A periodic review of Patient A's  
21 CURES report and pain management treatment at appropriate intervals would have revealed  
22 patterns of abuse including early refills, and obtaining controlled substances from multiple health  
23 care professionals concurrently.

24        22. Respondent failed to maintain adequate and accurate medical records in the care and  
25 treatment of Patient A. Respondent's medical records for Patient A were on template forms with  
26 checkboxes for symptoms and conditions. Respondent failed to document adequate information  
27 related to the physical examination, evaluations, consultations, treatment plans, objectives,  
28 informed consent, prescribing and periodic review related to the care and treatment of Patient A.

1 Respondent's documentation of the assessment and plan at each visit was cursory at best.

2 Respondent's medical records for Patient A primarily documented what medication Respondent  
3 prescribed at each visit.

4 23. Respondent committed repeated negligent acts in the care and treatment of Patient A,  
5 which included, but was not limited to the following:

6 A. Paragraphs 8 through 22, are hereby incorporated by reference as if fully set  
7 forth herein;

8 B. Respondent failed to appropriately manage Patient A's chronic pain with  
9 controlled substances, which constitutes a departure from the standard of care;

10 C. Respondent failed to perform and/or document an adequate history and physical  
11 examination of Patient A, which constitutes a departure from the standard of care;

12 D. Respondent failed to develop and record an adequate treatment plan for Patient  
13 A, which constitutes a departure from the standard of care;

14 E. Respondent failed to perform adequate periodic reviews of Patient A's pain,  
15 treatment and status while prescribing controlled substances, which constitutes a departure from  
16 the standard of care; and

17 F. Respondent failed to keep accurate, complete and legible medical records for  
18 Patient A while prescribing controlled substances, which constitutes a departure from the standard  
19 of care.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Failure to Maintain Adequate and Accurate Medical Records)**

22 24. Respondent has subjected his Physician's and Surgeon's License No. A 96088 to  
23 disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to  
24 maintain adequate and accurate records in connection with his care and treatment of Patient A, as  
25 more particularly alleged in paragraphs 8 through 22, which are hereby incorporated by reference  
26 and realleged as if fully set forth herein.

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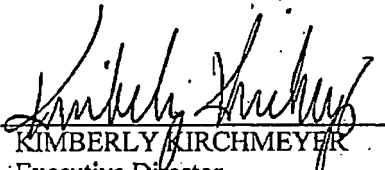
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3 **PRAYER**

4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
5 and that following the hearing, the Medical Board of California issue a decision:

- 6 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 96088, issued to  
7 Tahir Yaqub, M.D.;
- 8 2. Revoking, suspending or denying approval of Tahir Yaqub, M.D.'s authority to  
9 supervise physician assistants and advanced practice nurses;
- 10 3. Ordering Tahir Yaqub, M.D., if placed on probation, to pay the Board the costs of  
11 probation monitoring; and
- 12 4. Taking such other and further action as deemed necessary and proper.

13  
14 DATED: August 22, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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